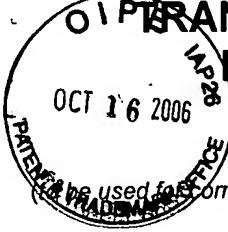


Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

 <p style="text-align: center;">OCT 16 2006 PAPERLESS TRANSMITTAL FORM <small>be used for correspondence after initial filing</small></p>	Application Number	10/696,910
	Filing Date	October 29, 2003
	First Named Inventor	Brian H. SILVER
	Art Unit	3727
	Examiner Name	Sue A. Weaver
	Attorney Docket Number	5297/187

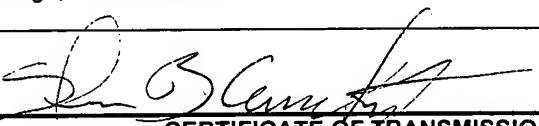
ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached	<input checked="" type="checkbox"/> Drawing(s) (2 sheets) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Postcard Receipt <input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)	<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account No. <u>50-0930</u> . A duplicate copy of this sheet is enclosed.	
<input type="checkbox"/> Extension of Time Request		
<input type="checkbox"/> Express Abandonment Request		
<input type="checkbox"/> Information Disclosure Statement		
<input type="checkbox"/> Certified Copy of Priority Document(s)		
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		

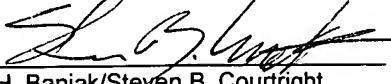
CALCULATION OF FEE

				Small Entity		Large Entity	
	Claims After Amendment	Minus	Highest No. Previously Paid For	Rate	Add'l Fee	Rate	Add'l Fee
Total		(20)	0	x \$25=	0	x \$50=	
Indep.		(3)	0	x \$100=	0	x \$200=	
First Presentation of Multiple Dep. Claim				+\$180=	—	+\$360=	
				total add'l fee	\$ 0	total add'l fee	\$ 0

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Michael H. Baniak, Reg. No. 30,608 Attorney for Applicant Steven B. Courtright, Reg. No. 40,966 Agent for Applicant BANIAK, PINE, AND GANNON 150 N. Wacker Drive, Suite 1200 Chicago, Illinois 60606		
Signature			Date
			October 11, 2006

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop: Amendment; Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:			
Signature			Date:
			October 11, 2006
Michael H. Baniak/Steven B. Courtright			



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Signature

10/11/06
Date of Signature

Steven B. Courtright
Typed or Printed Name of Person Signing Certificate

PATENT
Case No. 5297/187

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appl. No. : 10/696,910

Applicant(s) : Brian H. SILVER

Confirmation No. 9259

Filed : October 29, 2003

TC/A.U. : 3727

Examiner : Sue A. Weaver

Docket No. : 5297/187

Title: : ARTIFICIAL NIPPLE

RESPONSE

Mail Stop: Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

Dear Sir:

This is responsive to the Examiner's Office Action of July 11, 2006. Reconsideration is requested in view of the following amendments and remarks.